

*Amended by*  
Patricia BookerMULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584207

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/	/		
3		2		/		
4		2				
5	/					
6		/				
7						
8		0				
9		0				
10		0				
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30	/		/			
31		/				
32						
33						
34		2				
35		2				
36		/				
37						
38	/					
39		0				
40		0				
41	/		/			
42		/				
43	/					
44						
45		0				
46		0	/			
47		0				
48	/		/			
49	/			/		
50						
TOTAL IND.	22	↓	6	↓		↓
TOTAL DEP.	31	←	40	←		←
TOTAL CLAIMS	53		46			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						